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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/912,923			ing Date 25/2001	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛			OTHER THAN OR SMALL ENTITY		
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	_	N/A	LD (NO)	N/A		N/A	122(4)	i	N/A	1 EE (4)	
	SEARCH FEE		N/A		N/A		N/A		1	N/A		
П	(37 CFR 1.16(k), (f), (EXAMINATION FE	E	N/A		N/A		N/A		ł	N/A		
	(37 CFR 1.16(o), (p), FAL CLAIMS	or (q))	minus 20 =				x s =		OR	x s =		
	CFR 1.16(i)) EPENDENT CLAIM	S	minus 3 = *			l	x \$ =		٠.	x s =		
(37	CFR 1.16(h))	If the	If the specification and drav		ne overed 100	l	X 5 =		l	X 5 =		
	APPLICATION SIZE (37 CFR 1.18(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	n size fee due								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								1			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								1	TOTAL		
	APPI	DED - PART II		OTHER THAN SMALL ENTITY OR SMALL ENTITY								
AMENDMENT	05/15/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	· 19	Minus	·· 56	= 0	1	X \$25 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 1	Minus	4	= 0	1	X \$105 =	0	OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))											
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())		Minus	**	-	1	x s =		OR	x \$ =		
M	Independent (37 CFR 1.16(h))	•	Minus	***	=	1	x \$ =		OR	x \$ =		
Ш	Application Size Fee (37 CFR 1.16(s))								1			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write '0' in column 3.  If the "Highest Number Previously Paid For In THIS SPACE is less than 20, enter '20'.  If the "Highest Number Previously Paid For In THIS SPACE is less than 3, enter '3'.  The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.												

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